


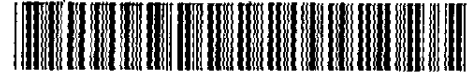
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002403	
1. Entity Name C & P ENTERPRISES OF MANATEE L.L.C.	

Principal Place of Business 308 64TH STREET COURT N.W. BRADENTON FL 34209-1627	Mailing Address 308 64TH STREET COURT N.W. BRADENTON FL 34209-1627
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE	CR2E083 (10/05)
4. FEI Number 65-0916840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent SAUNDERS, PAUL 308 64TH STREET COURT N.W. BRADENTON FL 34209-1627		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		City	
FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, CHRISTINE 308 64TH STREET COURT N.W. BRADENTON FL 34209-1627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000502449 04/25/06-80106-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: *Paul M. Saunders* **4-6-2006 941-798-3861**